1 2 3 4 5 6	SILVANO B. MARCHESI (SBN 42965) County Counsel JANET L. HOLMES (SBN 107639) Deputy County Counsel COUNTY OF CONTRA COSTA 651 Pine Street, 9th Floor Martinez, California 94553 Telephone: (925) 335-1800 Facsimile: (925) 335-1866 email: jholm@cc.cccounty.us Attorneys for Defendant CONTRA COSTA COUNTY	
8	,	
9 10 11 12	UNITED STATES DISTRICT COURT NORTHERN DISTRICT OF CALIFORNIA	
13	C. ROBERT PETTIT, M.D.,	No. C 07 3358 JSW
14 15 16	Plaintiff, v. CONTRA COSTA MEDICAL SERVICES	DECLARATION OF MARIE HUMPHREY IN SUPPORT OF DEFENDANT'S MOTION FOR SUMMARY JUDGMENT OR PARTIAL SUMMARY JUDGMENT
17 18	REGIONAL MEDICAL CENTER and DOES ONE THROUGH TWENTY, Inclusive,	
19	Defendants.	
20	I, Marie Humphrey, do hereby declare:	
21	1. I am over the age of eighteen and a resident of the State of California. I know of the	
22	matters set forth herein of my own personal knowledge, and if called upon to testify could and	
23	would competently testify thereto.	
24	2. I have been employed by Contra Costa County since 2001. I currently serve as a	
25	senior level clerk in the Contracts and Grants Unit for the Health Services Department. I have	
26	so served since 2006. In this capacity, in the regular course of County business, I prepare for	
27	mailing and mail, as well as retrieve and open mail, for the Contracts and Grants Unit. During	

my career with Contra Costa County, I have processed for mailing contracts for physicians

retained by the County. Currently I primarily handle insurance certifications that are required by the County from doctors and other contractors.

- 3. On January 25, 2007, the original letter and envelope addressed to Dr. Pettit, that had been mailed and postmarked January 3, 2007, were returned to our office by the U.S. Postal Service as delivery "Attempted" but "unclaimed." A true and correct copy of the envelope, with the U.S. Postal Service advice, is attached hereto as Exhibit 3.
- 4. January 26, 2007, I re-sent, in the regular course of business, by regular U.S. Mail, the January 3, 2003 letter to Dr. Pettit in a new envelope with postage prepaid. To my knowledge, that envelope and its contents have not been returned to our office.

I declare under penalty of perjury under the laws of the United States and California that the foregoing is true and correct and that this declaration was executed at Martinez, California on the date set forth below.

DATED: JULY <u>1'7</u>, 2008

MARIE HUMPHREY

EXHIBIT 3

PROPERTY NOT DESCRIPTION OF THE PROPERTY OF TH

Article Number SENDER: COMPLETE THIS SECTION Print your name and address on the reverse Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Article Addressed to: G. Robert Pettit, M.D. so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. Martinez 118 Costanza S 94553 3. Service Type Certified Mail Registered Insured Mail B. Received by (Printed Name) × A. Signature COMPLETE THIS SECTION ON DELIVERY 4. Restricted Delivery? (Extra Fee) D. Is delivery address different from item 1? If YES, enter delivery address below: D Express Mail Barry C. Date of Delivery ☐ Agent ☐ Addressee □ □ % % □ Yes

PS Form 3811, February 2004

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